EY DOCKET NO.: P-8922.02 CIP Mail ELO84631595US

UNITED STATES PATENT AND TRADEMARK O UTILITY PATENT APPLICATION TRANSMITTAL



MED INVENTOR OR APPLICATION IDENTIFIER: David E. Francischelli et al.
Vibration Sensitive Ablation Apparatus And Method

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. ELO 84631595US, on this add of April 2001.

Signature

04-31-01

Assistant Commissioner for Patents

	ton, D.C. 2	DICATION 0231	2 5				
	Sir:						
x	Patent A	We are transmitting herewith the attached: Application Transmittal					
X	Specific						
X	Drawing	Total pages: 51 (including claims and abstract:Spec. 41 sheets; Claims 9 sheets; Abstract -1 is:					
	•	Total sheets: 11					
u uma tama ama	Combined Declaration and Power of Attorney: ☐ newly executed ☐ copy from prior application ☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.						
XX 1 II II	Accomp St X	Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard					
	NTINUIN	G APPLICATION:					
		Continuation Divisional Continuation-in-part (CIP) of prior application No. <u>09 / 560,507</u> .					
		Amend the specification by inserting before the first line the sentence: This application is a continu	ation				
		Cancel in this application original claimsof the prior application before calculating the filing (At least the original independent claim must be retained for filing purposes.)	fee.				
	The prior application is assigned of record to Medtronic, Inc.						
		The Power of Attorney in the prior application is to:					

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed					
X	Address all future correspondence to:	Stephen W. Bauer, Reg. No. 32,192 Medtronic, Inc. 710 Medtronic Parkway Minneapolis, Minnesota 55432 phone: (763)391-9661				

FEE CALCULATION	No. of Claims Claims Included in Base Fee		No. of Extra Claims	Rate	Fee	
Total Claims	55	20	=	35	x 18	630
Independent Claims	7	3	=	4	x 80	320
Multiple Dependent Claims					+ 270	
Basic Filing Fee						710
		-			TOTAL	\$1,660

Charge Deposit Account No. 13-2546 the sum of \$1,660.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of **\$1,700.00**.

The Commissioner is hereby authorized to charge any fees that may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

ľU 26-2001 Date

COLUMNIA COL

Stephen W. Bauer, Reg. No.32,192

MEDTRONIC, INC. 710 Medtronic Parkway

Minneapolis, Minnesota 55432

Telephone: (763) 391-9661